

Boards & Commissions Potential Appointee Questionnaire

Personal Information

Name: _____
Mr./Mrs./Ms./Dr. LAST FIRST MIDDLE

Business Address: _____
STREET SUITE #

P.O. BOX CITY STATE ZIP CODE

Residence Address: _____
STREET P.O. BOX

CITY ZIP CODE COUNTY

Contact Info: _____
HOME # OFFICE # FAX #

MOBILE # E-MAIL ADDRESS

Specify the preferred mailing address: Business ☐ Residence ☐
• Please note, if appointed, the address you select will become a matter of public information.

State Senator: _____ State Representative: _____

Date of Birth: _____ Social Security #: _____

Race: _____ (Requested because some commissions must be tracked by law.)

Marital Status: S ☐ M ☐ If Married, spouse's name: _____

Are you a citizen of the United States? Y ☐ N ☐ If no, please explain: _____

Are you a registered voter in the county of your current residence? Y ☐ N ☐
• This is required to receive any appointment.)

Political Preference: Republican ☐ Democrat ☐ Reform ☐ Independent ☐
• Law requires political preference tracking for some of the appointments to boards and commissions.

Do you have any handicapping or disabling conditions? Y ☐ N ☐ If yes, please explain: _____

- The governor is required by law to appoint individuals with disabilities to particular boards.

Occupation: _____ Spouse's Occupation/Employer: _____

Education:

High School _____ Year Graduated: _____

List all post-secondary educational institutions attended:

| NAME & LOCATION | DATES ATTENDED | CERTIFICATES/DEGREES RECEIVED |
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Experience:

Include information concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment. (If retired, include past years of work experience.)

Civic Service:

State your experiences and interests or elements of your personal history that qualify you for this appointment.

Please list any professional certificates, titles, licenses, etc, which you hold: _____

Has your professional group nominated you for this appointment? Y ☐ N ☐

If yes, who? _____

Are you seeking this appointment to represent a certain interest or professional group? Y ☐ N ☐

If yes, who? _____

Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or any other professional group? Y ☐ N ☐

If yes, please explain: _____

Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance (including traffic violations for which a fine of \$150.00 or more was imposed, this includes driving under the influence of alcohol and/or drugs)? Y ☐ N ☐

If yes, please explain: _____

Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) within the past five years that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? Y ☐ N ☐

If yes, please explain: _____

Other Pertinent Information:

If seeking reappointment to this board, how many years have you served to this point: _____

Have you ever run for public office or been appointed to any board or commission in this state? Y ☐ N ☐

If yes, state the office title, date of election or appointment, length of term, and level of government (city, county, district, state, federal):

Are you or will you soon be running for public office? Y ☐ N ☐

Do you feel that you can work with Governor Huckabee if appointed? Y ☐ N ☐

Do you know anyone who might take any steps, overtly or covertly, to attack your appointment? Y ☐ N ☐

If yes, please explain: _____

Is there anything in public records that, if discovered, would be embarrassing to you, the state, or the administration?

Are you willing to file financial disclosure statements while serving in an appointed position? Y ☐ N ☐

If you are selected for this appointment, what other towns besides your current residence would you like the press release to be sent?

References:

List two references that have known you well within the past five (5) years. Include a current, complete address and telephone number:

| NAME | MAILING ADDRESS | ZIP CODE | AREA CODE/PHONE NUMBER |
|------|-----------------|----------|------------------------|
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I certify that the facts contained in this application are true and correct to the best of my knowledge. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment.

Signature _____ Date _____

Return to:
Office of the Governor
Boards and Commissions
State Capitol Building, Suite 011
Little Rock, AR 72201
Phone (501) 682-3570
Fax (501) 682-3609